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AUTHOR Harper, Gary W.
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ABSTRACT

Incarcerated youth are a subgroup of adolescents who are at particularly high risk for Human Immunodeficiency Virus (HIV) infection. This study explored ethnic-racial and gender differences in incarcerated adolescents' engagement in Acquired Immune Deficiency Syndrome (AIDS)/HIV high-risk behaviors. All subjects for the study were residents of state juvenile correctional facilities between the ages of 12 and 19 years old. This included 134 self-identified ethnic-racial minority adolescent males; 239 white American males; 48 ethnic-racial minority females; and 107 white American females. Ethnic-racial minority males reported higher rates of sex-related behaviors and use of drugs and alcohol prior to sexual activity, whereas their white American counterparts reported more general drug- and alcohol-related behaviors. White American females reported more general use, and ethnic-racial minorities reported more use of drugs and alcohol prior to sexual activity. Further research should attempt to further explore ethnic-racial and gender differences in AIDS/HIV high-risk behaviors in order to improve the efficacy of prevention efforts. (ABL)

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Incarcerated Adolescents' Engagement in AIDS/HIV High-Risk Behaviors: Ethnic-Racial and Gender Differences

Gary W. Harper
Purdue University

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Please send correspondence to: Gary W. Harper, UCLA Neuropsychiatric Institute and Hospital, 300 UCLA Medical Plaza, Los Angeles, California 90024-6769, (310) 794-1050.

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Abstract

Incarcerated youth are a subgroup of adolescents who are at particularly high risk for HIV infection. The current study explored ethnic-racial and gender differences in incarcerated adolescents' engagement in AIDS/HIV high-risk behaviors. Ethnic-racial minority males reported higher rates of sex-related behaviors and use of drugs and alcohol prior to sexual activity, whereas their White-American counterparts reported more general drug- and alcohol-related behaviors. White-American females reported more general alcohol use, and ethnic-racial minorities reported more use of drugs and alcohol prior to sexual activity. Recommendations are made for prevention efforts that are sensitive to ethnic-racial and gender normative behavior.

Introduction

Delinquent adolescents typically display difficulties in the areas of aggressiveness, social skills, and cognitive functioning, predisposing them for poor peer relationships and peer rejection (Loeber, 1990). This rejection may lead them to associate with deviant peers, a social-environmental factor which has been implicated in the development of delinquency (Loeber & Stouthamer-Loeber, 1986). This peer influence strongly encourages participation in a variety of antisocial and delinquent acts (Elliot, Huizinga, & Ageton, 1985; Loeber, 1987), many of which place the individual at high risk for HIV infection.

Incarcerated youth are a group of delinquent adolescents at high risk of HIV infection due to their participation in illicit sexual activity and illegal drug use (Brooks-Gunn et al., 1988)). These youth continue to participate in more AIDS high-risk behaviors than national norms for adolescents despite accurate knowledge of HIV infection and AIDS (Harper, 1991; Lanier & McCarthy, 1989). The current study explored differences between ethnic-racial minority and White-American incarcerated adolescents on their frequency of engagement in a variety of AIDS/HIV high-risk behaviors. The study further differentiated subjects on the basis of gender, since rates of sexual activity and drug use among male and female adolescents often differ. This differentiation was also made because the majority of

facilities serving incarcerated adolescent populations are divided by gender, thus presenting potential for the development of programs specific to the needs of each institution.

Methods

All subjects for this study were residents of either Indiana Boys' School or Indiana Girls' School (state juvenile correctional facilities) and were between the ages of 12 and 19 years old. This included 134 self-identified ethnic-racial minority adolescent males (94.7% African-American, 2.3% Hispanic-American, 0.7% Asian-American, 2.3% other ethnic-racial minority), 239 White-American males, 48 ethnic-racial minority females (68.8% African-American, 18.8% Hispanic-American, 2.1% Asian-American, 10.4% other ethnic-racial minority), and 107 White-American females. All subjects anonymously completed a questionnaire which assessed various aspects of drug use, alcohol use, sexual activity, and history of sexually transmitted diseases. Even though non-injectable drug and alcohol use do not present direct routes of HIV transmission, they were assessed because of the indirect effect they have on transmission. These substances impair decision-making processes which may result in the participation in high-risk sexual activity or IV drug use.

Results

Data for males and females were analyzed separately. For both genders, a series of univariate analyses of variance were

conducted on the following continuous dependent variables: frequency of alcohol consumption, amount of beer consumption, amount of hard liquor consumption, use of drugs before sexual activity, use of alcohol before sexual activity, and number of sexual partners. Tukey's post-hoc analyses were conducted to determine the direction of effects. Chi-square analyses were conducted on the following dichotomous dependent variables: intravenous (IV) drug use, sharing of needles during IV drug use, non-injectable drug use, and history of sexually transmitted diseases.

Results are presented in Tables 1 and 2. All of the analyses of variance produced significant main effects for groups (White-American vs. ethnic-racial minority), except for number of sexual partners within the female population. Tukey's post-hoc analyses revealed that White-American males and females reported a greater frequency of alcohol consumption and larger amounts of beer and hard liquor consumption than ethnic-racial minority adolescents. Ethnic-racial minority males, but not females, reported greater numbers of sexual partners than White-Americans. In addition, ethnic-racial minority males and females were shown to use drugs and alcohol prior to sexual activity more than White-Americans. Chi-square analyses revealed that White-American males reported higher rates of IV drug use, sharing of needles, and non-injectable drug use. Females did not differ on any of these behaviors, except a trend for White-American females using more IV drugs ($p=.0600$). More ethnic-racial minority males

reported a history of a sexually transmitted diseases, with no differences for females.

Discussion

The current study revealed that incarcerated ethnic-racial minority male adolescents are engaging in higher rates of AIDS/HIV risk-behaviors related to sexual activity (e.g., number of partners, STD's, use of drugs and alcohol prior to sex), whereas their White-American counterparts are engaging in more general drug- and alcohol-related risk behaviors (e.g., IV drug use, non-injectable drug use, alcohol consumption). Females displayed a slightly different pattern, with White-American females reporting more general alcohol use, and ethnic-racial minorities reporting more use of drugs and alcohol prior to sexual activity. The two groups of females did not differ on general drug use, number of sexual partners, or sexually transmitted diseases.

Even though the current study utilized an incarcerated population, the data may be generalized to other groups of adolescents who engage in high rates of AIDS/HIV risk behaviors (e.g., runaways). This information will be useful in the creation of culturally sensitive AIDS/HIV prevention programs for high-risk adolescents who may not be reached by school-based programs. Programs targeting a predominately ethnic-racial minority population of males may need to focus more on aspects of sexually-related transmission including the role of alcohol and

drugs in sexual activity, whereas those for White-Americans may need a greater emphasis on drug- and alcohol-related transmission. Programs for incarcerated females may need a greater overall focus on the role of alcohol consumption in HIV-transmission, with a particular emphasis for the ethnic-racial minority females on using drugs and alcohol prior to sexual activity.

It is important to be sensitive to ethnic-racial differences in high-risk behaviors when designing and implementing AIDS/HIV prevention programs for adolescents. Adolescents are particularly vulnerable to peer pressure and norms; therefore educators should be aware of the normative behaviors for the specific groups with which they are working. Making recommendations for the adoption of AIDS-protective behaviors that are consistent with peer norms will ideally lead to higher rates of compliance than recommendations that are seen as unacceptable or infeasible. For example, promoting sexual abstinence instead of the use of latex condoms with nonoxynol-9 during sexual activity to African-American males may be a fruitless endeavor if abstaining from all sexual activity is viewed by peers as a sign of inadequacy. Future research should attempt to further explore ethnic-racial and gender differences in AIDS/HIV high-risk behaviors in order to improve the efficacy of prevention efforts.

References

Brooks-Gunn, J., Boyer, C.B., & Hein, K. (1988). Preventing HIV infection and AIDS in children and adolescents. American Psychologist, 43, 958-964.

DiClemente, R.J., Zorn, J., & Temoshok, L. (1986). Adolescents and AIDS: A survey of knowledge, attitudes, and beliefs about AIDS in San Francisco. American Journal of Public Health, 76, 1443-1445.

Elliot, D. S., Huizinga, D., & Ageton, S. S. (1985). Explaining delinquency and drug use. Beverly Hills: Sage Publications.

Evans, P. (1988). Minorities and AIDS. Health Education Research, 3, 113-115.

Harper, G.W. (1991). Incarcerated female adolescents' attitudes, behaviors, beliefs, and knowledge regarding AIDS and HIV infection. Poster presented at the annual meeting of the American Psychological Association, San Francisco, California.

Kegeles, S.M., Adler, N.E., & Irwin, C.E. (1988). Sexually active adolescents and condoms: Changes over the year in knowledge, attitudes, and use. American Journal of Public Health, 78, 460-461.

Lanier, M.M., & McCarthy, B.R. (1989). AIDS awareness and the impact of AIDS education in juvenile corrections. Criminal Justice and Behavior, 16, 395-411.

Loeber, R. (1987). Explaining delinquency and drug use (book review). Aggressive Behavior, 13, 97-98.

Loeber, R. (1990). Development and risk factors of juvenile antisocial behavior and delinquency. Clinical Psychology Review, 10, 1-41.

Loeber, R. & Stouthamer-Loeber, M. (1986). Family factors as correlates and predictors of juvenile conduct problems and delinquency. In N. Morris & M. Tonry (Eds.), Crime and justice: An annual review of research (Vol. 1, pp. 29-149). Chicago: University of Chicago Press.

Mays, V.M. & Cochrane, S.D. (1988). Issues in the perception of AIDS risk and risk reduction activities by black and Latino/Latina women. American Psychologist, 43, 949-957.

Peterson, J.L., & Marin, G. (1988). Issues in the prevention of AIDS among black and hispanic men. American Psychologist, 43, 871-877.

Table 1. MALE AIDS/HIV HIGH-RISK BEHAVIORS

	F	p	Means MIN	Means MAJ
Freq. alcohol use	21.42	.0001	3.42	4.63
Beer consumption	102.2	.0001	1.99	3.70
Liquor consumption	110.4	.0001	1.54	3.42
Drugs before sex	33.77	.0001	4.08	3.25
Alcohol before sex	24.06	.0001	3.72	3.06
No. of sex partners	21.86	.0001	42.90	20.51

	Chi-Square	p	
Intravenous drug use (IVDU)	13.09	.0000	MAJ > MIN
Sharing needles during IVDU	8.14	.0040	MAJ > MIN
Non-injectible drug use	51.47	.0000	MAJ > MIN
Sexually transmitted diseases	21.64	.0000	MAJ > MIN

Note. Larger numbers = higher frequency of the behavior, MAJ = Ethnic-racial majority, MIN = Ethnic-racial minority

Table 2. FEMALE AIDS/HIV HIGH-RISK BEHAVIORS

	F	p	Means MIN	Means MAJ
Freq. alcohol use	10.93	.0012	3.55	4.99
Beer consumption	16.16	.0001	2.02	3.17
Liquor consumption	21.25	.0001	2.00	3.47
Drugs before sex	9.45	.0025	3.79	3.02
Alcohol before sex	6.06	.0150	3.42	2.84
No. of sex partners	0.30	n.s.	9.85	12.56

	Chi-Square	p	
Intravenous drug use (IVDU)	3.55	.0600	MAJ > MIN
Sharing needles during IVDU	1.73	n.s.	MAJ = MIN
Non-injectible drug use	1.78	n.s.	MAJ = MIN
Sexually transmitted diseases	2.10	n.s.	MAJ = MIN

Note. Larger numbers = higher frequency of the behavior, MAJ = Ethnic-racial majority, MIN = Ethnic-racial mninority